

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION**

In re: : Case No. 16-53244

Jeffrey A. Barker, : Chapter 13
Cori R. Barker
Debtors : Judge John E. Hoffman Jr.

DEBTORS' AMENDMENT TO SCHEDULE I

Debtors hereby amend schedule "I", Current Income of Individual Debtor, to add income verification for the business (see attached Exhibit "A").

Date: 10/10/16

Respectfully submitted,

/s/ Katharine Granger
Katharine Granger (0079143)
3757 Attucks Drive
Powell, OH 43065
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Attorney for Debtors

**UNITED STATES BANKRUPTCY COURT
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In re: : Case No. 16-53244

Jeffrey A. Barker, : Chapter 13
Cori R. Barker
Debtors : Judge John E. Hoffman Jr.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the attached Debtors' Amendment to Schedule I was served upon the parties listed below this 10th day of October 2016 electronically or by regular U.S. mail, postage pre-paid.

SERVED ELECTRONICALLY:

U.S. Trustee
170 N. High Street, Suite 200
Columbus, Ohio 43215

Faye English
Chapter 13 Trustee

SERVED VIA REGULAR U.S. MAIL:

Jeffrey & Cori Barker
4200 Township Road 233
Cardington OH 43315

/s/ Katharine Granger
Katharine Granger (0079143)

Fill in this information to identify your case:

Debtor 1 Jeffrey A. Barker, Sr.

Debtor 2 Cori R. Barker
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:16-bk-53244
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

	Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information.		
If you have more than one job, attach a separate page with information about additional employers.	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	Employment status	Employment status
Occupation may include student or homemaker, if it applies.	Occupation <u>ATV Repair</u>	Income Maintenance
	Employer's name <u>Extreme Tec ATV LLC</u>	Delaware County Ohio
	Employer's address <u>325 Lee Street Mount Gilead, OH 43338</u>	140 N. Sandusky Street Delaware, OH 43015
	How long employed there? <u>7 years</u>	2 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>2,003.06</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>2,003.06</u>

Debtor 1 **Jeffrey A. Barker, Sr.**
Debtor 2 **Cori R. Barker**

Case number (if known) **2:16-bk-53244**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 2,003.06
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 220.34
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 200.31
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 248.99
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 42.06
5h. Other deductions. Specify: <u>Term Life</u>	5h.+ \$ 0.00	+ \$ 28.17
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 739.87
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 1,263.19
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 2,226.21	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 2,226.21	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,226.21 + \$ 1,263.19	= \$ 3,489.40
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	3,489.40
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Combined monthly income

Profit & Loss Statement

for the period April 1 2016 to April 30 2016

Income

Sales & Service

Total Income \$30,224.12

Expenses

Advertising \$69.08

Bank Charges / CC Fees \$157.29

Insurance \$140.80

Office Software - MIC \$115.00

Office Supplies \$0.00

Parts \$20,424.90

Postage & Printing \$42.09

Rent \$1,800.00

Shop Expense \$625.78

Shop Payment \$500.00

Sublet \$2,000.00

Tax Payment Arrangement \$400.00

Telephone/Internet \$260.00

Trash \$208.57

Travel \$295.00

Water \$121.70

Total Expenses \$27,160.21

Profit / (Loss) \$3,063.91

Profit & Loss Statement		
for the period March 1 2016 to March 31 2016		
Income		
Sales & Service		
Total Income		\$20,893.97
Expenses		
Advertising	\$0.00	
Bank Charges / CC Fees	\$98.43	
Insurance	\$140.79	
Office Software - MIC	\$115.00	
Office Supplies	\$70.76	
Parts	\$11,962.48	
Postage & Printing	\$191.07	
Rent	\$1,800.00	
Shop Expense	\$328.66	
Shop Payment	\$500.00	
Sublet	\$1,600.00	
Tax Payment Arrangement	\$400.00	
Telephone/Internet	\$0.00	
Trash	\$201.03	
Travel		
Water	\$0.00	
Total Expenses		\$17,408.22
Profit / (Loss)		\$3,485.75

Extreme Tec Atv LLC.

325 Lee Street

Mt Gilead Ohio 43338

419 947 9208

Profit & Loss Statement

for the period February 1 2016 to February 29 2016

Income

Sales & Service

Total Income \$17,491.17

Expenses

Advertising \$0.00

Bank Charges / CC Fees \$99.23

Insurance \$140.79

Office Software - MIC \$115.00

Office Supplies \$0.00

Parts \$13,427.56

Postage & Printing \$128.78

Rent \$0.00

Shop Expense \$193.67

Shop Payment \$500.00

Sublet \$400.00

Tax Payment Arrangement \$400.00

Telephone/Internet \$258.28

Trash \$0.00

Travel \$0.00

Water \$123.55

Total Expenses \$15,786.86

Profit / (Loss) \$1,704.31

Extreme Tec Atv LLC.

325 Lee Street
Mt Gilead Ohio 43338
419 947 9208

Profit & Loss Statement

for the period 1 January 2016 to 31 January 2016

Income

Sales & Service

Total Income \$8,832.15

Expenses

Advertising \$0.00

Bank Charges / CC Fees \$209.13

Insurance \$140.79

Office Software - MIC \$115.00

Office Supplies \$35.07

Parts \$4,524.98

Postage & Shipping \$0.00

Rent \$900.00

Shop Expense \$254.40

Shop Payment \$500.00

Sublet \$0.00

Tax Payment Arrangement \$400.00

Telephone/Internet \$0.00

Trash \$0.00

Travel \$0.00

Water \$0.00

Total Expenses \$7,079.37

Profit / (Loss) \$1,752.78

Profit & Loss Statement	
for the period Dec 1 2015 to Dec 31 2016	
Income	
Sales & Service	
Total Income	\$12,130.17
Expenses	
Advertising	\$0.00
Bank Charges / CC Fees	\$127.52
Insurance	\$140.79
Office Software - MIC	\$115.00
Office Supplies	\$47.18
Parts	\$5,956.80
Postage & Printing	\$0.00
Rent	\$900.00
Shop Expense	\$77.42
Shop Payment	\$500.00
Sublet	\$1,600.00
Tax Payment Arrangement	\$400.00
Telephone/Internet	\$384.70
Trash	\$146.52
Travel	\$0.00
Water	\$120.00
Total Expenses	\$10,515.93
Profit / (Loss)	\$1,614.24

Profit & Loss Statement

for the period Nov 1 2015 to Nov 30 2015

Income

Sales & Service

Total Income \$12,616.68

Expenses

Advertising \$0.00

Bank Charges / CC Fees \$89.18

Insurance \$106.91

Office Software - MIC \$115.00

Office Supplies \$42.38

Parts \$7,729.62

Postage & Printing \$7.27

Rent \$900.00

Shop Expense \$90.08

Shop Payment \$500.00

Sublet \$900.00

Tax Payment Arrangement \$400.00

Telephone/Internet \$0.00

Trash \$0.00

Travel \$0.00

Water \$0.00

Total Expenses \$10,880.44

Profit / (Loss) \$1,736.24

Fill in this information to identify your case:

Debtor 1 Jeffrey A. Barker, Sr.
First Name Middle Name Last Name

Debtor 2 Cori R. Barker
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:16-bk-53244
(if known)

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Jeffrey A. Barker, Sr.
Jeffrey A. Barker, Sr.
Signature of Debtor 1

Date October 10, 2016

X /s/ Cori R. Barker
Cori R. Barker
Signature of Debtor 2

Date October 10, 2016